



Gas Receipt Form

For District Van and Fuel Card Use

Travel date(s): _____

Van number: _____

Driver name: _____

Type 2 Licensed Driver: ☐ Yes ☐ No

Destination: _____
City and State

Purpose: _____
Event you are attending

- Representing: ☐ Cascade High School
☐ Everett High School
☐ HM Jackson High School
☐ Sequoia High School
☐ Other School Building _____
☐ Other District Building _____

- Event type: ☐ ASB (ASB advisor authority required)
☐ Athletics (athletics director authority required)
☐ School (school principal authority required)
☐ District (district/department authority required)

EXAMPLE:

25,532	SUBTRACT		EQUALS		DIVIDE BY		EQUALS	
<u>Ending mileage</u>	-	<u>24,975</u>	=	<u>557</u>	/	<u>32.7</u>	=	<u>17.03</u>
		<i>Starting mileage</i>		<i>Miles driven</i>		<i>Gallons purchased</i>		<i>MPG</i>

ENTER YOUR INFORMATION HERE:

	SUBTRACT		EQUALS		DIVIDE BY		EQUALS	
<u>Ending mileage</u>	-	<u>Starting mileage</u>	=	<u>Miles driven</u>	/	<u>Gallons purchased</u>	=	<u>MPG</u>

Account Code: _____

Total fuel charge: \$ _____

- Driver has: ☐ Refueled the vehicle to *FULL*
☐ Cleaned and removed debris from vehicle

Original Receipt(s) must be attached

Driver Signature: _____

Budget Authority: _____

ASB – Advisor
ATHLETICS – District Athletic Director
SCHOOL – School Building Principal
DISTRICT – Department Budget Authority

ASB Authorities: _____

ASB - Secretary

ASB - Student

ASB – Administrator

DISCLAIMER: Driver is responsible for the district gas credit card. Credit cards should never be left in district vehicles or attached to the keys. Credit cards should be stored in a secure place at all times. Keys should be returned to a secure and locked area.

Revised 02/22